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BRINKS HOFER GILSON & LIONE CAPITAL CENTER, SUITE 1100 201 NORTH ILLINOIS STREET INDIANAPOLIS, IN 46204-4220  electronically with the U.S. Patent and Trademark Offi Deanna L. Hasler  (Depositor)	indicated unless corrected maintenance fee notification	below or directed oth ons.	herwise in Block 1, by (		-					
INDIANAPOLIS OFFICE 27879 BRINKS HOFER GILSON & LIONE CAPITAL CENTER, SUITE 1100 201 NORTH ILLINOIS STREET INDIANAPOLIS, IN 46204-4220  APPLICATION NO. FILING DATE FIRST NAMED ENVENTOR ATTORNEY DOCKET NO. CONFIRMATION 10529-925 12762006  APPLICATION NO. FILING DATE FIRST NAMED ENVENTOR ATTORNEY DOCKET NO. CONFIRMATION 10529-925 12762006  APPLICATION SYSTEM, RELAY DEVICE, AND COMMUNICATION CONTROL METHOD  APPLICATION SYSTEMS AND SYSTEM, RELAY DEVICE, AND COMMUNICATION CONTROL METHOD  APPLICATION SYSTEMS AND SYSTEMS SYSTEMS AND SYSTEMS SYSTEM	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  Note: A certificate of Fee(s) Transmittal. T papers. Each addition have its own certificate.						f mailing can only be used for domestic mailings of the his certificate cannot be used for any other accompanying all paper, such as an assignment or formal drawing, must the of mailing or transmission.			
BRINKS HOFER GILSON & LIONE CAPTAL CENTER, SUITE 1100 201 NORTH ILLINOIS STREET INDIANAPOLIS, IN 46204-4220  APPLICATION NO. FULNG DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION 107529,925 12/26/2006  Data Kamiya 9683/235 5274  TITLE OF INVENTION: COMMUNICATION SYSTEM, RELAY DEVICE, AND COMMUNICATION CONTROL METHOD  APPLY, TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEES) DUE DATE DUE nonprovisional NO \$1510 \$300 \$0 \$1810 01/04/2011  EXAMINER ART UNIT CLASS-SUBCLASS  MELIA, ANTHONY 2451 709-219000  1. Change of correspondence address or indication of "Fee Address" form PTO/SB/12) situached.  The Address' indication (or "Tee Address" Indication form PTO/SB/12) situached.  The Address' indication (or "Tee Address" Indication form pto/SB/12) situached.  The Address' indication (or "Tee Address" Indication form pto/SB/12) situached.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PAIRTY (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If no name is 1816, so name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PAIRTY (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document bas been fired, so name will be printed.  (A) NAME OF ASSIGNEE  NTT DOCOMO, INC.  Be a detected the appropriate assignce category or categories (will not be printed on the patent): Individual Cycoproration or other private group entity Governed and the patent of Proposition or other private group entity Governed and proposition of the following fee(s). Payment by credit card. Form PTO-2038 is statched.  She Divided and Form PTO-20	27879 7	590 10/04	1/2010	C	ERTIFICATE O	OF ELECT	RONIC FIL	ING		
CAPITAL CENTER, SUITE 1100 201 NORTH ILLINOIS STREET INDIANAPOLIS, IN 46204-4220  Deanna L. Hasler  Depositer INDIANAPOLIS, IN 46204-4220  APPLICATION NO. FILING DATE  ITENT NAMED INVENTOR  APPLICATION NO. FILING DATE  ITENT NAMED INVENTOR  ATTORNEY DOCKET NO. CONFERNATION  10/529,925  12/26/2006  Dai Kaninya  9633/235  5274  TITLE OF INVENTION: COMMUNICATION SYSTEM, RELAY DEVICE, AND COMMUNICATION CONTROL METHOD  APPLN. TYPE  SMALL ENTITY  ISSUE FEE DUE  PUBLICATION FEE DUE  PREV. PAID ISSUE FEE  TOTAL FEE(S) DUE  DATE DUE  nonprovisional  NO  \$1510  \$300  \$0  \$1810  01/04/2011  EXAMINER  ART UNIT  CLASS-SUBCLASS  MEILA, ANTHONY  2451  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the names of up to 3 registered patent attorneys or agents. If no name is 18TINKS HOFE' G: (2) the names of a unit or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fi recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment is required. (A) NAME OF ASSIGNEE  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CIPTY and STATE OR COUNTRY)  TOKYO, JAPAN  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual **Corporation or other private group entity I Gover  4a. The following fee(s) are submitted:  By agents of the feet of the propriet of the patent of the		. 1	I hereby certify that this correspondence is being filed							
Deanna L. Hasler Oppositor INDIANAPOLIS, IN 46204-4220  APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION 10/529,925 12/26/2006 Dai Kamiya 9683/235 5274  TITLE OF INVENTION: COMMUNICATION SYSTEM, RELAY DEVICE, AND COMMUNICATION CONTROL METHOD  APPLN. TYPE SMALL ENTITY ISSUE PEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1510 \$300 \$0 \$1810 \$01/04/2011  EXAMINER ART UNIT CLASS-SUBCLASS  MEJLA, ANTHONY 2451 709-219000  1. Change of correspondence address or indication of "Fee Address" (37) Change of correspondence address (or Change of Correspondence Address from PTO/SM1/22) statehed.  1. "Fee Address" indication or "Fee Address" Indication form PTO/SM3/1 kev 0:1-02 or more recently attached. Use of a Castomer Number is required.  2. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If no name is increased and assignment.  (A) NAME OF ASSIGNEE  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  TO KYO, JAPAN  Director is hereby authorized to charge his required fee(s) are submitted:  EYAUGUS AND AND RESIDENCE DATA (County or categories (will not be printed on the patent.)  4a. The following fee(s) are submitted:  EYAUGUS AND AND RESIDENCE (will not be printed on the patent):  A Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A Change in Entity Status (from status indicated above)			<b>N</b> E	e	lectronically with	h the U.S.	Patent and T	rademark Office		
APPLICATION NO.   FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO.   CONFERMATION NO.   10/529,925   12/26/2006   Dai Kamiya   9683/235   5274   TITLE OF INVENTION: COMMUNICATION SYSTEM, RELAY DEVICE, AND COMMUNICATION CONTROL METHOD  APPLY. TYPE   SMALL ENTITY   ISSUE FEE DUE   PUBLICATION FEE DUE   PREV. PAID ISSUE FEE   TOTAL FEE(S) DUE   DATE DUE   nonprovisional   NO   \$1510   \$300   \$0   \$1810   01/04/2011    EXAMINER   ART UNIT   CLASS-SUBCLASS    MEIIA, ANTHONY   2451   709-219000    1. Change of correspondence address or indication of "Fee Address" (37   CFR 1.663).   Change of correspondence address or Change of Correspondence Address indication (or "Fee Address" Indication form PTONSB/122) attached.   See of a Customer Number is required.    1. The Address' indication (or "Fee Address" Indication form PTONSB/122) attached.   See of a Customer Number is required.    3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)    PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been firecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.    (A) NAME OF ASSIGNEE   (B) RESIDENCE: (CITY and STATE OR COUNTRY)    NTT DOCOMO, INC.   (B) RESIDENCE: (CITY and STATE OR COUNTRY)    Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual   Corporation or other private group entity   Gover    4a. The following fee(s) are submitted:   A check is enclosed.   Private type and issue fee shown above)    A check is enclosed.   Please first reapply any previously paid issue fee shown above)   A check is enclosed.   Private type and issue fee shown above)   A check is enclosed.   Private type and issue fee shown above)   A check is enclosed.   Private type and issue fee shown above)   A check is enclosed.   Private type anativity of this fee.   Private type and issue fee shown above)				ı	Doanna T	II al a	_			
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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address form PTO/SB/122 attached.  The Address indication (or "Fee Address" Indication form PTO/SB/4?; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been firecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  NTT DOCOMO, INC.  BY RESIDENCE: (CITY and STATE OR COUNTRY)  TOKYO, JAPAN  Please check the appropriate assignee category or categories (will not be printed on the patent):  The following fee(s) are submitted:  Advance Order - # of Copies  Advance Order - # of Copies  Advance Order - # of Copies  The following fee(s) are submitted:  Advance Order - # of Copies  The following fee(s) are submitted:  Advance Order - # of Copies  The following fee(s) are submitted:  Advance Order - # of Copies  The following fee(s) are submitted:  Advance Order - # of Copies  The following fee(s) are submitted:  Advance Order - # of Copies  The following fee(s) are submitted:  Advance Order - # of Copies  The following fee(s) are submitted:  Advance Order - # of Copies  The following fee(s) are submitted:  Abecak is enclosed.  Payment by credit card. Form PTO-2038 is attached.  Payment by credit card. Form PTO-2038 is attached.  Achieved is enclosed.  The Direction is hereby authorized to charge the required fee(s), any deficiency, or credit and overpayment, to Deposit Account Number 23 - 1925 (enclose an extra copy of this feet of the patent attorneys or agents. If no name is listed, no name will be printed.  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Direction of the required fee(s), any deficiency, or credit and ov	. Change of corresponden	ce address or indication	n of "Fee Address" (37	2. For printing on the	patent front page, list	İ	Danialea	Hofor Cil		
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fi recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  NTT DOCOMO, INC.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  TOKYO, JAPAN  Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual **Corporation or other private group entity Gover  4a. The following fee(s) are submitted:  The following fee(s) are submitted:  Advance Order - # of Copies  Advance Order - # of Copies  Advance Order - # of Copies  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit and overpayment, to Deposit Account Number 23-1925 (enclose an extra copy of this feet)  Change in Entity Status (from status indicated above)	☐ "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	ation (or "Fee Address" or more recent) attach	" Indication form red. Use of a Customer	registered attorney or 2 registered patent at listed, no name will b	agent) and the name torneys or agents. If n e printed.	es of up to so name is	3			
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Authorized Signature Date DEC 8, 7010  Typed or printed name Sanders N. Hillis Registration No. 45,712	Authorized Signature	/Led N	1. Jill.		Date	EC 8,	2010			
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